

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American College of Cardiology Political Action Committee

ADDRESS (number and street) ▼

2400 N St NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20037-1153

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00375360

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
10 01 2013

through

M M M / D D D / Y Y Y Y Y Y
10 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Carlton G. Davids

Signature of Treasurer

Carlton G. Davids

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
11 20 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2013

To:

M M	/	D D	/	Y Y Y Y Y
10		31		2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2013</td></tr></table>	Y	Y	Y	Y	Y	2013						<table><tr><td colspan="5">71359.29</td></tr></table>	71359.29				
Y	Y	Y	Y	Y													
2013																	
71359.29																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">40684.69</td></tr></table>	40684.69															
40684.69																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">32256.12</td></tr></table>	32256.12					<table><tr><td colspan="5">393305.89</td></tr></table>	393305.89									
32256.12																	
393305.89																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">72940.81</td></tr></table>	72940.81					<table><tr><td colspan="5">464665.18</td></tr></table>	464665.18									
72940.81																	
464665.18																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">3358.90</td></tr></table>	3358.90					<table><tr><td colspan="5">395083.27</td></tr></table>	395083.27									
3358.90																	
395083.27																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">69581.91</td></tr></table>	69581.91					<table><tr><td colspan="5">69581.91</td></tr></table>	69581.91									
69581.91																	
69581.91																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		01		2013

To:

M M	/	D D	/	Y Y Y Y
10		31		2013

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

25991.19

322301.28

(ii) Unitemized

5626.66

56075.67

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

31617.85

378376.95

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

31617.85

378376.95

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

638.27

14928.94

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

32256.12

393305.89

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

32256.12

393305.89

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	858.90	15063.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	858.90	15063.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	377500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2520.08
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2520.08
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3358.90	395083.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3358.90	395083.27

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	31617.85	378376.95
34. Total Contribution Refunds (from Line 28(d))	0.00	2520.08
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31617.85	375856.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	858.90	15063.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	638.27	14928.94
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	220.63	134.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 41

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jesse E. Adams III, M.D.,

Mailing Address 1205 Isleworth Dr
Ste 400

City	State	Zip Code
Louisville	KY	40245-5221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center Cardiologists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2013

Transaction ID : 4D38BE962AD4AE893A91

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Kenneth V. Adams M.D., F.A.

Mailing Address 5300 Noble Cir S

City	State	Zip Code
Jacksonville	FL	32211-6971

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jacksonville Heart Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : 9DCE045F8B7B4FE54D1

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Michael Adjei-Poku M.B., Ch.B

Mailing Address 10033 S Morgan Grove Way

City	State	Zip Code
Sandy	UT	84092-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : 60F93D995874ED4E129

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

733.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 41

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brad G. Angeja M.D., F.A.

Mailing Address 865 44th Ave

City

San Francisco

State

CA

Zip Code

94121-3307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palo Alto Medical Foundation

Occupation

NON-INVASIVE CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

10 / 18 / 2013

Transaction ID : 47CAA7C411346CC28CCA

Amount of Each Receipt this Period

208.40

Full Name (Last, First, Middle Initial)

B. Juan M. Aranda Jr., M.D.,

Mailing Address 356 Turkey Crk

City

Alachua

State

FL

Zip Code

32615-9367

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shands at the University of Florida

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.40

Date of Receipt

10 / 25 / 2013

Transaction ID : 41DE9E4E75475E1CECB3

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

C. Nizar A. Assi M.D., F.A.

Mailing Address 730 Kraffel Ln

City

Chesterfield

State

MO

Zip Code

63017-8057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gateway Cardiology, PC

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

10 / 25 / 2013

Transaction ID : 44B8A677C28DD5D46933

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

259.60

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 41
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Angie Bates

Mailing Address 101 Sivley Rd SW

City State Zip Code
Huntsville AL 35801-4421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Huntsville Hospital

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2013

Transaction ID : 8C922D1302A5D74BFEF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. R. Allen Baum M.D., F.A.

Mailing Address 9014 Highlands Cv

City State Zip Code
Boerne TX 78006-4843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2013

Transaction ID : 97D0C462084A0FEC579

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Shyam Bhakta M.D., F.A.

Mailing Address 1502 Huntington Ln

City State Zip Code
Cleveland Heights OH 44118-1539

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospitals Medical Group

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2013

Transaction ID : E7B1C60FCF0E159143A

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alfred A. Bove M.D., Ph.D

Mailing Address 110 Anton Rd

City

Wynnewood

State

PA

Zip Code

19096-1226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Temple University Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

10 / 25 / 2013

Transaction ID : 4034B1B355DCF6C195E0

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Joseph G. Cacchione M.D., F.A.

Mailing Address 5740 Hickory Knoll Ct

City

Fairview

State

PA

Zip Code

16415-3246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic Foundation

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 25 / 2013

Transaction ID : 409CB734148818C73E09

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Peter J. Chaille M.D., F.A.

Mailing Address 427 Chestnut Forest Cv

City

Fort Wayne

State

IN

Zip Code

46814-8926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

10 / 03 / 2013

Transaction ID : 417094F181B6BAEB3AF8

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

266.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 41

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hollace D. Chastain II, M.D.,

Mailing Address 1819 Braemar Dr

City

Fort Wayne

State

IN

Zip Code

46814-9364

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fort Wayne Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2013

Transaction ID : 4C81BD3B3D80B8AA9713

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Richard A. Chazal M.D., F.A.

Mailing Address 671 N Town and River Dr

City

Fort Myers

State

FL

Zip Code

33919-5931

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Heart Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2013

Transaction ID : 4CA39DAAB41D946BF8EE

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Bernard A. Clark III, M.D.,

Mailing Address 95 Johnny Cake Ln

City

Glastonbury

State

CT

Zip Code

06033-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Francis Hospital and Medical Cente

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2013

Transaction ID : 4ABA8776D92B1DC5EFEF

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

233.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anthony Clay D.O., F.A.

Mailing Address 411 Red Clay Dr

City

Kennett Square

State

PA

Zip Code

19348-2683

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology Physicians, P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2013

Transaction ID : 5510F6909BBF1AD97E5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Terri Clemons

Mailing Address 930 Franklin St SE

City

Huntsville

State

AL

Zip Code

35801-4312

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Heart Center

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2013

Transaction ID : 3C7036B47341B0B2263

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. David Cortevile M.D.

Mailing Address 111 Williams St

City

Petoskey

State

MI

Zip Code

49770-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2013

Transaction ID : D0FB78692C1285D9182

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 41

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. George H. Crossley III, M.D.,

Mailing Address 276 Stratton Pl

City

Brentwood

State

TN

Zip Code

37027-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Thomas Heart

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2013			

Transaction ID : 40CF98BBDD49442D2BF0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David W. Cundey M.D., F.A.

Mailing Address 30 Holley Lake Cir

City

Aiken

State

SC

Zip Code

29803-2633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aiken Cardiovascular Associates

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2013			

Transaction ID : AD4A70C4C227435AC27

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Stanley P. Defehr M.D., F.A.

Mailing Address 3140 SE Bison Rd

City

Bartlesville

State

OK

Zip Code

74006-7647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Stem Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2013			

Transaction ID : 014A87CE3AAF019D782

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 41

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anthony C. DeFranco M.D., F.A.

Mailing Address 10609 N Range Line Rd

City

Thiensville

State

WI

Zip Code

53092-5131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comprehensive Cardiovascular Care

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : 8E391496C7688027C42

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Donna P. Denier M.D., F.A.

Mailing Address 1077 Oaks Dr

City

Franklin Square

State

NY

Zip Code

11010-1937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : 14AE9ED3B42E3EB07CF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Timothy A. Dewhurst M.D., F.A.

Mailing Address 5620 W Mercer Way

City

Mercer Island

State

WA

Zip Code

98040-4841

FEC ID number of contributing
federal political committee.

C

Name of Employer

Group Health Cooperative

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2013

Transaction ID : 4E9B9C2B4E949E16E682

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 41
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arthur Lee Eberly III, M.D.,

Mailing Address PO Box 8795

City
GreenvilleState
SCZip Code
29604-8795FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolina Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2090.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

Transaction ID : 47E89D17827CCE3959E6

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

B. Blair D. Erb Jr., M.D.,Mailing Address 905 Highland Blvd
Ste 4330

City

Bozeman

State
MTZip Code
59715-6901FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology Consultants, P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2168.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

Transaction ID : 4269888D656867BB8C60

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

C. David M. Evans M.D., F.A.

Mailing Address 130 Ashlei Ln

City

Searcy

State
ARZip Code
72143-3024FEC ID number of contributing
federal political committee.

C

Name of Employer

Heart Clinic Arkansas

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2013

Transaction ID : 4669A9441E981135585C

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

517.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 41

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Erik A. Eways M.D., F.A.

Mailing Address 53 Kingsway

City

State

Zip Code

Mobile

AL

36608-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology Associates

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2013

Transaction ID : D4A0E6D9E4DE9973C26

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James W. Fasules M.D., F.A.

Mailing Address 2718 Stephenson Ln NW

City

State

Zip Code

Washington

DC

20015-1504

FEC ID number of contributing
federal political committee.

C

Name of Employer

American College of Cardiology

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1666.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

Transaction ID : 4AC09F94267CE8910275

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Kevin Fitzpatrick PA-C

Mailing Address 2400 N St NW

Heart House

City

State

Zip Code

Washington

DC

20037-1153

FEC ID number of contributing
federal political committee.

C

Name of Employer

American College of Cardiology

Occupation

ADMINISTRATION

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : 4EB3A9FF4A538B0BC7AC

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

500.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 41

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Philip J. Fitzpatrick M.D., F.A.

Mailing Address 81 Campbell Rd

City

Bedford

State

NH

Zip Code

03110-4505

FEC ID number of contributing
federal political committee.

C

Name of Employer

New England Heart Institute

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2013

Transaction ID : 1A0D0A205EED9263C3E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Anthony B. Furey D.O., F.A.

Mailing Address 801 Westover Rd

City

Wilmington

State

DE

Zip Code

19807-2978

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 13 / 2013

Transaction ID : 16A12F5B-3A14-48AB-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Anthony B. Furey D.O., F.A.

Mailing Address 801 Westover Rd

City

Wilmington

State

DE

Zip Code

19807-2978

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 13 / 2013

Transaction ID : 1B875777-FA51-43B1-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 41
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Doug N. Gibson M.D.

Mailing Address 13019 Avenida La Valencia

City	State	Zip Code
Poway	CA	92064-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

Transaction ID : 94B514C0B042D7C6104

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael F. Gilson M.D., F.A.

Mailing Address 100 Prospect St

City	State	Zip Code
Providence	RI	02906-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2013

Transaction ID : 4C94B9C532E66D945158

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Prospero B. Gogo Jr., M.D.,Mailing Address 111 Colchester Ave
McLure 1 Cardiology

City	State	Zip Code
Burlington	VT	05401-1473

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of Vermont School of Medici

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2013

Transaction ID : 4B49AD4A454B730C6835

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

683.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark S. Goldfarb M.D., F.A.

Mailing Address 201 Lynnwood Blvd

City

Nashville

State

TN

Zip Code

37205-2905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 401585D36AFED7296CE

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ibrahim R. Hanna M.D.

Mailing Address 801 Princeton Ave SW

City

Birmingham

State

AL

Zip Code

35211-1310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 31 / 2013

Transaction ID : D8A40E910E6AB4E713C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Douglas L. Hill M.D., F.A.

Mailing Address 3375 Mount Vernon Rd

City

Tupelo

State

MS

Zip Code

38804-7097

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology Associates of North Mississ

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2013

Transaction ID : CB729A41110DACE9D28

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. David R. Holmes Jr., M.D.,

Mailing Address 1122 21st St NE

City

Rochester

State

MN

Zip Code

55906-4059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : 4B7BBF242356F3212599

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Daniel J. Humiston M.D., F.A.

Mailing Address 1928 Maple Hollow Way

City

Bountiful

State

UT

Zip Code

84010-1041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Utah Cardiology, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1874.97

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 12 / 2013

Transaction ID : 4EB094D8E78A95402E2F

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. Moongilmadugu N. Inba-Vazhvu M.D., F.A.

Mailing Address 702 Bethpage Dr

City

McDonough

State

GA

Zip Code

30253-4020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : A5AFF437318A4A33B8

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

641.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 41
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pamela A. Ivey M.D., F.A.

Mailing Address 52 Quail Run Rd

City

Henderson

State

NV

Zip Code

89014-2148

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiovascular Consultants of Nevada

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2013

Transaction ID : 4EEFA92F1DACEECF69C3

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. John M. Johnstone M.D., F.A.

Mailing Address 819 W Main St

City

Richmond

State

KY

Zip Code

40475-1114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2013

Transaction ID : 491C900794E8647AB0AF

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Jerry D. Kennett M.D., M.A.

Mailing Address 4614 Copperstone Ct

City

Columbia

State

MO

Zip Code

65203-1696

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Cardiovascular Specialists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2013

Transaction ID : 476AA4DFACB391E95B97

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

358.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. George P. Kinzfoli III, M.D.,

Mailing Address 33 Lettery Cir

City

Sudbury

State

MA

Zip Code

01776-7400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heart Center of MetroWest

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

10 / 19 / 2013

Transaction ID : 47498E680C95B1829981

Amount of Each Receipt this Period

208.30

Full Name (Last, First, Middle Initial)

B. Steven E. Kornberg M.D., F.A.

Mailing Address 10 E New York Ave
Ste 2

City

Somers Point

State

NJ

Zip Code

08244-2367

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shore Heart Consultants, LLC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

10 / 18 / 2013

Transaction ID : 4B7EA2F908F1454EFFFC

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

c. Smadar Kort M.D., F.A.

Mailing Address 65 Mimosa Dr

City

Roslyn

State

NY

Zip Code

11576-2215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stony Brook University Medical Center

Occupation

ECHOCARDIOGRAPHY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

10 / 25 / 2013

Transaction ID : 419AA12CB5B04B13AE98

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.83

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Fred M. Krainin M.D., F.A.

Mailing Address 3817 Cherrywood Rd

City

Florence

State

SC

Zip Code

29501-9209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pee Dee Cardiology Associates

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 1AE50C647A2D758ABF2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gilead I. Lancaster M.D., F.A.

Mailing Address 15 Mine Hill Rd

City

Redding

State

CT

Zip Code

06896-2701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bridgeport Hospital Dept of Echo

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

10 / 01 / 2013

Transaction ID : 41DAA90905C389A8B7B2

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Gilbert A. Leidig Jr., M.D.,

Mailing Address 1 Centurian Dr
Ste 200

City

Newark

State

DE

Zip Code

19713-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology Physicians, P.A. Abby Medica

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

10 / 26 / 2013

Transaction ID : 4F11A14B31F26E45A177

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

608.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 41
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas J. Lewandowski M.D., F.A.

Mailing Address 113 Limekiln Dr

City

Neenah

State

WI

Zip Code

54956-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Appleton Cardiology ThedaCare

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2083.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2013			

Transaction ID : 41CB8B62BF487BCD89EA

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

B. Sandra J. Lewis M.D., F.A.

Mailing Address 5342 SW Hewett Blvd

City

Portland

State

OR

Zip Code

97221-2254

FEC ID number of contributing
federal political committee.

C

Name of Employer

NW Cardiovascular Institute

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOI

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2013			

Transaction ID : 40289F3DF5BBC72D1E4C

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Becky Malotte

Mailing Address 4007 Gateway Blvd

City

Newburgh

State

IN

Zip Code

47630-8947

FEC ID number of contributing
federal political committee.

C

Name of Employer

Deaconess Hospital

Occupation

Executive Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2013			

Transaction ID : 46B05C94FAC8549CFEB

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

541.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 41

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alan Micklin M.D., F.A.

Mailing Address 1 Centurian Dr
Ste 200

City State Zip Code
Newark DE 19713-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology PhysiciansAbby Medical Cent

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2013

Transaction ID : C5546C0B-86D4-4B3E-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert T. Middleton M.D., F.A.

Mailing Address 33113 3rd Ct SW

City State Zip Code
Federal Way WA 98023-6183

FEC ID number of contributing
federal political committee.

C

Name of Employer

Franciscan Heart and Vascular Associat

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2013

Transaction ID : A96DF6456A978EF8244

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Anil Mohin M.B.B.S.,

Mailing Address 11453 Dona Teresa Dr

City State Zip Code
Studio City CA 91604-4272

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2013

Transaction ID : AB9F3C1CC57003BC258

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 41
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pradip J. Morbia M.B.B.S.,

Mailing Address 330 Meadowgreen Dr

City

Port Neches

State

TX

Zip Code

77651-5426

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gulf Coast Cardiology Group P.L.L.C

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2013

Transaction ID : 45F1A862B773758C3EE5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Marc A. Mugmon M.D., F.A.

Mailing Address 7193 Collingwood Ct

City

Elkridge

State

MD

Zip Code

21075-5548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chesapeake CardioVascular Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : 49E4B8CA62D8AA27F027

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Gaetano N. Pastore M.D., F.A.Mailing Address 1 Centurian Dr
Ste 200

City

Newark

State

DE

Zip Code

19713-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology Physicians, P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2013

Transaction ID : 9CEE6994-45C3-491C-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

833.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 41
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vaughn W. Payne M.D., F.A.

Mailing Address 145 Hager Ln

City

Staffordsville

State

KY

Zip Code

41256-9144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1583.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2013

Transaction ID : 4E4A95943924422A9D2F

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Neal S. Perlmuter M.D., F.A.

Mailing Address 1820 9th St W

City

Kirkland

State

WA

Zip Code

98033-4837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2013

Transaction ID : 4CAC87C9353C973D2D4D

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

C. John W. Pickrell M.D., F.A.

Mailing Address 1909 Elkhorn Valley Dr

City

Casper

State

WY

Zip Code

82609-4620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wyoming CardioPulmonary

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2013

Transaction ID : 41DCA46CB221BC6ECF87

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)..... ►

230.83

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 41
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Geetha Raghuveer M.B.B.S.,

Mailing Address 5354 Mission Woods Rd

City

Shawnee Mission

State

KS

Zip Code

66205-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Mercy Hospital

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2083.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2013			

Transaction ID : 42F5B6C5BD833F9A79B7

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

B. James C. Ramicone D.O., F.A.

Mailing Address 6525 Powers Blvd

City

Parma

State

OH

Zip Code

44129-5461

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiovascular Clinic

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2013			

Transaction ID : CC23CF8C27338A9DAB6

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Sanjeev Dhari Ravipudi M.D., F.A.

Mailing Address 2317 Deer Creek Ct

City

Columbia

State

MO

Zip Code

65201-3564

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Cardiovascular Specialists

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2013			

Transaction ID : 1FC1561FE079596DF30

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1708.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 41

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arthur Brian Reitman M.D., F.A.

Mailing Address 55 Whitcher St NE
Ste 350

City State Zip Code
Marietta GA 30060-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellstar Cardiovascular Medicine

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2013

Transaction ID : 4A2A2997E62FD63152E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David R. Richards D.O., F.A.

Mailing Address 3705 Olentangy River Rd
Ste 100

City State Zip Code
Columbus OH 43214-3467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Ohio Cardiology

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2013

Transaction ID : 837B7145-B20B-44B3-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. George P. Rodgers M.D., F.A.

Mailing Address 11673 Jollyville Rd
Ste 205-B

City State Zip Code
Austin TX 78759-4200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.64

Date of Receipt

10 / 23 / 2013

Transaction ID : 4F55AC54687D968CEFD9

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 41

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Orlando Rodriguez M.D., F.A.

Mailing Address 735 Ave Ponce De Leon
Torre Medica Auxilio Mutuo

City Hato Rey State PR Zip Code 00917-5026

FEC ID number of contributing
federal political committee.

C

Name of Employer

ORV Interventional Cardiology

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

10 / 25 / 2013

Transaction ID : 4125A4D50B13186C4957

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. John S. Rumsfeld M.D., Ph.D

Mailing Address 130 S Cherry St

City Denver State CO Zip Code 80246-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Denver VA Medical Center, University o

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

10 / 25 / 2013

Transaction ID : 408A857B2C96CCF1C503

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

c. Joseph J. Sarmiento III, M.D.,

Mailing Address 7324 W Country View Dr

City Bartonville State IL Zip Code 61607-9344

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 30CCD8FF9A162E2163E

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

491.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian H. Sarter M.D., F.A.

Mailing Address 203 Fallbrooke Dr

Abby Medical Center

City

Kennett Square

State

PA

Zip Code

19348-2688

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology Physicians, P.A.

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 13 / 2013

Transaction ID : 8BEA691E-720E-4845-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John Scherschel M.D.

Mailing Address 5421 Nicholas St

City

Omaha

State

NE

Zip Code

68132-2146

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Nebraska

Occupation

Cardiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2013

Transaction ID : B3E3680661F61378998

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Richard S. Schofield M.D., F.A.

Mailing Address 4121 NW 34th Dr

100277

City

Gainesville

State

FL

Zip Code

32605-1492

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida-Hlth. Sci. Ctr.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 16 / 2013

Transaction ID : A218A3765F54A5B49F7

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 41
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael K. Schroyer RN, A.A.C.

Mailing Address 9065 Pebblepointe Cir

City

Zionsville

State

IN

Zip Code

46077-8992

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Vincent Heart Center of Indiana

Occupation

ADMINISTRATION

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

754.72

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : 47F3A8F12207176C8396

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Robert A. Schweikert M.D., F.A.

Mailing Address 5031 Tall Timbers Dr

City

Richfield

State

OH

Zip Code

44286-9678

FEC ID number of contributing
federal political committee.

C

Name of Employer

Akron General Medical Center

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2013

Transaction ID : 926A0E69-CC45-4340-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Timothy J. Shanahan D.O., F.A.

Mailing Address 8714 Spur Ln

City

Easton

State

MD

Zip Code

21601-1202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chesapeake Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2013

Transaction ID : 479DB61FFB940FA33B1B

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

604.17

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 41
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Trilok C. Sharma M.D., F.A.

Mailing Address 13131 Chase Moor

City

Strongsville

State

OH

Zip Code

44136-4635

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiovascular Medicine Associates Inc

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : CC179D89B628454FEF5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert A. Shor M.D., F.A.

Mailing Address 11211 Bright Pond Ln

City

Reston

State

VA

Zip Code

20194-1039

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Cardiovascular Group, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2013

Transaction ID : 88941A85D15CD3C98CF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John W. Shuck M.D., F.A.

Mailing Address 1100 Forrest Ave

City

Dover

State

DE

Zip Code

19904-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology Consultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2013

Transaction ID : 4B4CB8B46B05760A69BA

Amount of Each Receipt this Period

208.34

SUBTOTAL of Receipts This Page (optional)..... ►

708.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 41

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Erik J. Sirulnick M.D., F.A.

Mailing Address 14 Skybird Ct

City

Las Vegas

State

NV

Zip Code

89135-7865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiovascular Consultants of Nevada

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : 706C093CB985D3B2D12

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Robert D. Slama III, M.D.

Mailing Address 44 Edgewood Rd

City

Summit

State

NJ

Zip Code

07901-3988

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summit Medical Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : 233F3B05B9455DBD190

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

c. Michael J. Springer M.D., F.A.

Mailing Address 803 Towner Pl

City

Louisville

State

KY

Zip Code

40223-2568

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center Cardiologists

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2013

Transaction ID : 4DF491BDA4618AB4DEB7

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

2541.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Theodore S. Takata M.D., F.A.

Mailing Address 1300 W Terrell Ave
Ste 500

City State Zip Code
Fort Worth TX 76104-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Consultants in Cardiology

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2013

Transaction ID : 1EF685CC105DD6AF5C5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Suma A. Thomas M.D., F.A.

Mailing Address 7620 Old Georgetown Rd
Apt 1214

City State Zip Code
Bethesda MD 20814-6182

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.40

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : 4C7DB7621DC6B7CCB2E1

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

C. Krishnaswami Vijayaraghavan M.B.B.S.

Mailing Address 2817 E Ludlow Dr

City State Zip Code
Phoenix AZ 85032-5665

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : 4578BCBE6266581D12F6

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

791.68

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 41

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Juan Villafane M.D., F.A.Mailing Address 1400 Willow Ave
1205

City	State	Zip Code
Louisville	KY	40204-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

PEDIATRICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2013

Transaction ID : 4C5082E16BF781077535

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Anant Kirit Vyas M.B.B.S.,Mailing Address 1540 Florida Ave
Ste 100

City	State	Zip Code
Modesto	CA	95350-4430

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Heart Assoc. Medical Group

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2013

Transaction ID : 8B348E1E-DC8C-4BD9-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thad F. Waite M.D., F.A.

Mailing Address 1017 Richburg Rd

City	State	Zip Code
Hattiesburg	MS	39402-9055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Heart Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : 416AA3AEED361D3B43E

Amount of Each Receipt this Period

208.34

SUBTOTAL of Receipts This Page (optional)..... ►

791.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 41
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Howard T. Walpole Jr., M.D.,

Mailing Address 31 Northumberland

City

Nashville

State

TN

Zip Code

37215-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.03

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : 4176BC92C3E4D2E06A71

Amount of Each Receipt this Period

416.67

Full Name (Last, First, Middle Initial)

B. Mary Norine Walsh M.D., F.A.

Mailing Address 428 W 83rd Pl

City

Indianapolis

State

IN

Zip Code

46260-4905

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Vincent Heart Center of Indiana

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2013

Transaction ID : 4A78A54C3E4626002DD8

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. John Jason West M.D.

Mailing Address 3322 NW Panorama Dr

City

Bend

State

OR

Zip Code

97701-5461

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bend Memorial Clinic

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : 48D69EF572DA99F8BD68

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

558.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 41
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven R. West M.D., F.A.

Mailing Address 3701 S Poplar Dr

City
Columbus

State
IN

Zip Code
47201-4972

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Vincent Medical Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

10 / 25 / 2013

Transaction ID : 4B0CBE42320F291831DD

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Michael C. Widmer M.D., F.A.

Mailing Address 2753 NE Red Oak Dr

City
Bend

State
OR

Zip Code
97701-8348

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heart Center Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

10 / 25 / 2013

Transaction ID : 4D65931FEE773DF3C1F3

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Scott L. Woodfield M.D., F.A.

Mailing Address 752 Woodward Rd

City
Charleston

State
SC

Zip Code
29407-7151

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lowcountry Cardiology Associates PA

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 16 / 2013

Transaction ID : 218D85112F93B707654

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

625.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 38 OF 41
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lambert A. Wu M.D., F.A.

Mailing Address 1524 NW Grove Ave

City

Topeka

State

KS

Zip Code

66606-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cotton O'Neil Heart Center

Occupation

ECHOCARDIOLOGY/ECHOCARDIOGRAPHY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2013			

Transaction ID : 470D80EC4E98835A7B11

Amount of Each Receipt this Period

833.34

Full Name (Last, First, Middle Initial)

B. David Z. Young M.D., F.A.

Mailing Address 67 Shadow Oak Dr

City

Sudbury

State

MA

Zip Code

01776-3165

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heart Center of MetroWest

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2013			

Transaction ID : 4445CE4FEE61F37AAC4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶

333.34

TOTAL This Period (last page this line number only)..... ▶

25991.19

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 41

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City
Richmond

State
VA

Zip Code
23285-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14928.94

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : ACA0E33D53B696178F1

Amount of Each Receipt this Period

638.27

Reimbursement for September Amex Fees and October Merchant Fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

638.27

638.27

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 41

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
October 2013 Amex Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 31 2013
Transaction ID : V86EF1371A774ED26DEA

Amount of Each Disbursement this Period

339.52

Full Name (Last, First, Middle Initial)

B. Wells Fargo, N.A.Mailing Address C/O Nova Information Systems
7300 Chapman Hwy
City State Zip Code
Knoxville TN 37920
Purpose of Disbursement
October 2013 Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 02 2013
Transaction ID : M4C1AE72B1E698A89D73

Amount of Each Disbursement this Period

519.38

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

858.90

TOTAL This Period (last page this line number only)..... ►

858.90

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peters for Michigan

Mailing Address PO Box 226

City	State	Zip Code
Bloomfield Hills	MI	48303

Purpose of Disbursement
2014 Primary

011

Candidate Name

Gary C. PetersCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2013

Transaction ID : 7D8EA2CBA42DB9068CB

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

2500.00